Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NOVEL RECEPTOR-TYPE

PHOSPHOTYROSINE PHOSPHATASE-

ALPHA

Attorney Docket Number:: 034536-1211

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 16

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Family Name:: SCHLESSINGER

City of Residence:: Woodbridge

State or Province of

Residence::

Country of Residence:: US

50 Rock Hill Road Street of mailing address::

CT

City of mailing address:: Woodbridge

State or Province of mailing CT

address::

06525 Postal or Zip Code of mailing

address::

Applicant Authority Type:: Inventor Belgium

Primary Citizenship Country::

Full Capacity Status::

Given Name:: Jan M.

SAP Family Name::

New York City of Residence::

State or Province of NY

Residence::

US **Country of Residence::**

Street of mailing address:: 393 East 30th Street, Apt. 4B

New York City of mailing address::

NY State or Province of mailing

address::

10016 Postal or Zip Code of mailing

address::

Correspondence Information

22428 **Correspondence Customer Number::**

E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer	30543		
Number::			

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	10/671,589	09/29/2003
10/671,589	Division of	09/280,597	03/29/1999
09/280,597	Division of	08/448,288	05/23/1995
08/448,288	Division of	08/015,985	02/10/1993
08/015,985	Continuation-in-part of	07/654,188	02/26/1991
07/654,188	Continuation-in-part of	07/551,270	07/11/1990

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

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Assignee name::

NEW YORK UNIVERSITY